PATENT	APPLICATION FEE DETERMINATION RECORD	)
	Effective October 1, 2000	

Application or Docket Numb r

<u>:                                    </u>				099	درد	010	<u>.</u>						
		CLAIMS AS	S FILED - (Column		(Colu	SMALI TYPE	SMALL ENTITY			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS		74				RAT	E	FEE	1	RATE	FEE		
FOR		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00		
TO	TOTAL CHARGEABLE CLAIMS		74 minus 20=		• 54		X\$ 9	=		OR	X\$18=	972	
INDEPENDENT CLAIMS			m طر	inus 3 =	•	• 3		_		OR	X80=	1 - / /	
MU	LTIPLE DEPEN	NDENT CLAIM PI	RESENT				+135	-				240	
If the difference in column 1 is less than zero, enter					"0" in c	column 2	TOT/			OR	+270=	1677	
	C	LAIMS AS A	MENDEL	) - PAR	TII	•	lUir	,L		OR	TOTAL	THAN	
	1	(Column 1)		(Colur	mn 2)	(Column 3)	SMALL ENTITY OR				OTHER THAN SMALL ENTITY		
ENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATI	111	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total		Minus	**		=	X\$ 9		#3.4 \$1.4 V.E.	ОН	X\$18=		
AME	Independent		Minus	***		=	X40			ОR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=		
							ADDIT. F			OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)							
AMENDMENT B		REMAINING AFTER AMENDMENT		· NUMI PREVIO	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Q	Total	•	Minus	**		=	X\$ 9:	<u>.</u>		OR	X\$18=		
AME	Independent	NTATION OF MU	Minus	*** (	C! AIM	=	X40=			OR	X80=		
•	FINST FRESE	NIAHON OF MC	LITE DEF	ENDEN	CLAIM	الللل	+135:	_		OR	+270=		
							TOT ADDIT. F				TOTAL ADDIT. FEE		
		(Column 1)		(Colun		(Column 3)	, , , , , , , , , , , , , , , , , , ,		•	,	MUU11.1 LL.		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	•	Minus	**		=	X\$ 9=			OR	X\$18=		
AMENDMENT	independent	•	Minus	•••		=	X40=	十			X80=		
لنا	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM			+		OR			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
**	If the "Highest Nu If the "Highest Nu	mber Previously Pa Imber Previously Pa Inber Previously Paid	iid For IN THIS aid For IN THIS	S SPACE is S SPACE is	s less that s less tha	n 20, enter "20." In 3, enter "3."	ADDIT. FE	EL			TOTAL ADDIT: FEE umn 1.	·	